

104659 (1) 11/25/2024
BOROUGH OF CHESTERFIELD



ANNUAL REPORT

OF THE

School Medical Officer

For the Year, 1938.

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.,
SCHOOL MEDICAL OFFICER.

BOROUGH OF CHESTERFIELD



ANNUAL REPORT

OF THE

School Medical Officer

For the Year, 1938.

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.,
SCHOOL MEDICAL OFFICER.

INDEX

	<i>Page</i>
Blind Children	19
Co-operation of Parents	18
" " School Attendance Officers	18
" " Teachers	18
" " Voluntary Bodies	18
Co-ordination	7
Crippling Defects and Orthopaedics	14
Dental Defects	13
Deaf and Dumb	19
Employment of Children and Young Persons	20
Epileptic Children	19
External Eye Diseases	10
Findings of Medical Inspection	7
Following Up	8
General Information	21
Infectious Disease	8
Medical Inspection	7
Medical Treatment	9
Mentally Defective Children	19
Nursery Schools	20
Open Air Education	15
Physical Training	16
Provision of Meals	17
Routine Inspections	22
Result of Treatment	22
Re-examinations	22
School Hygiene	7
Secondary Schools	20
Skin Diseases	10
Speech Therapy	18
Staff	4
Statistical Tables	22-32
School Clinics	20
Tonsils and Adenoids	10
Tuberculosis	10
Verminous Children	10
Vision	10

BOROUGH OF CHESTERFIELD.

Education Committee, 1938-39.

THE MAYOR (Councillor S. T. Rodgers.)

Chairman :

ALDERMAN H. CROPPER, J.P.

Vice-Chairman :

COUNCILLOR F. ROBINSON, J.P.

Members :

ALDERMAN SHORT.

ALDERMAN WICKS, J.P.

COUNCILLOR BENTON.

COUNCILLOR BIRD.

COUNCILLOR BRADLEY.

COUNCILLOR CORNER.

COUNCILLOR DAVIE, M.D.

COUNCILLOR HEATHCOTE.

COUNCILLOR OAKLEY.

COUNCILLOR V. O. ROBINSON, M.C., T.D., J.P.

COUNCILLOR WILKINSON.

Co-opted Members :

COUNCILLOR PARKIN.

COUNCILLOR WARNER.

ALDERMAN SPENCER, J.P.

MISS J. F. HARDY.

MR. HODSON.

MR. C. E. KEMP, M.A.

MISS K. RICH, B.A.

Staff of the School Medical Service

School Medical Officer and Medical Officer of Health :

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.

Assistant School Medical Officers and Assistant Medical Officers of Health :

BELL C. MACKAY, M.B., Ch.B., D.P.H.

J. R. BYARS, M.B., Ch.B., D.P.H.*

Ophthalmic Surgeon :

WM. M. MUIRHEAD, M.B., Ch.B., D.O.M.S., R.C.P.S.

Orthopaedic Surgeon (Part time) :—

ELIZABETH GRIERSON, M.B., Ch.B.

School Dental Officer :

A. ROYDEN LITTLAR, L.D.S.

Speech Therapist (Part time) :

RANDAL KEANE, M.A., A.S.S.T.

School Nurses and Health Visitors :

MRS. E. A. JOHNSON.

MISS O. M. PARKER.

MISS E. E. PASSEY.

MISS F. SMITH.

MISS C. H. MOORE.

MISS R. HANCOCK.

MISS A. PARKINSON.†

Orthopaedic Nurse (Part time) :

MISS E. TAYLOR.

Clerical Staff :

G. S. BROWN.

MISS E. M. ELLIOTT.

MISS N. GILL.

MISS E. REYNOLDS.

MISS A. PIKE.

* Commenced 15/8/38.

† Commenced 10/5/38.



Borough of Chesterfield.

School Medical Officer's Report for 1938.

*To the Chairman and Members of the Education Committee
of the Borough of Chesterfield.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour as School Medical Officer, to submit my Tenth Annual Report on the School Medical Inspection and Treatment of School Children in the Borough during the year ended December 31st, 1938.

The Report has been prepared in accordance with the requirements of the Board of Education.

Dr. J. R. Byars was appointed an additional Assistant School Medical Officer and Assistant Medical Officer of Health in August, and Miss Parkinson was appointed School Nurse and Health Visitor in place of Mrs. Ellor who was appointed Chief Health Visitor.

The year has proved a notable one in the progress of the School Medical Service, as during the year a complete Orthopaedic Scheme has been inaugurated in conjunction with the County Council. Mr. Keane has been appointed Speech Therapist and the central School Clinic has been moved from Saltergate to the new Clinic in the Town Hall.

I am certain that all these new arrangements will add greatly to the efficiency of the School Medical Service in the Borough, and when the new Clinic at Edmund Street is completed, and the Brambling House Open Air School and Children's Centre opened in 1939, I do feel that the School Medical Service of the Borough will be excellently equipped in all branches of its work.

I therefore wish to express my grateful thanks to the Education Committee who have made this state of affairs possible, and to assure them that the Staff of the School Medical Department appreciate their efforts in promoting what will undoubtedly be a very complete School Medical Service.

I have pleasure in reporting that the work has been carried out with smoothness, and I wish to take this opportunity of expressing my thanks to Dr. Mackay, Dr. Byars, Dr. Stead and his staff, and the head teachers of the various schools, the clerical staff at the School Clinic, and to the school nurses for the assistance they have freely given at all times, and to you, Ladies and Gentlemen, for your continued support which I have greatly appreciated.

I am, Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

J. A. STIRLING,

School Medical Officer.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health, while the School Nurses are also Health Visitors, and thus the closest co-ordination exists between all the health services of the Borough.

The care of debilitated children under school age is undertaken by the Maternity and Child Welfare Committee.

SCHOOL HYGIENE.

As indicated in previous reports, the building of several new schools and the reconstruction of others has taken place during recent years. These buildings are all of excellent design, and are in accord with modern ideas for securing the maximum of light and fresh air, and are undoubtedly having a very beneficial effect on the general health of the children.

MEDICAL INSPECTION.

The general arrangements for Medical Inspection remain as set out in last year's report. At each School the three code groups, i.e., "Entrants," "Intermediates," and "Leavers," have been examined, in addition to the "Specials" and "Re-examinations." Particulars under this heading will be found in Table I.

FINDINGS OF MEDICAL INSPECTION.

The defects discovered during the School Medical Inspections will be found summarised in Table II at the end of the Report.

UNCLEANLINESS.

The schools are visited at frequent intervals during the year by the School Nurses, who inspect the children for the presence of verminous or unhealthy conditions, subsequently following up any cases found in an unsatisfactory condition.

During the period under review, 33,631 children were examined in the schools, and of this number 575 were found unclean.

In cases where uncleanliness exists notice is sent to the parent calling attention to this fact and giving instructions for cleansing. If at a subsequent re-examination the condition is found to persist, a more strongly worded notice is sent, but it is found that in the majority of cases the condition is remedied after the receipt of the first notice. In bad cases the child is immediately excluded from

school, the home is visited, the necessary instructions given and the child told to report to the Clinic within 48 hours. All children thus excluded are inspected at the Clinic before being allowed to return to school, and in every case during the period under review a sufficient improvement has been effected without resort to prosecution, although the kindly assistance of the inspector of the N.S.P.C.C. has been invoked on occasions, with good effect.

INFECTIOUS DISEASE.

The arrangements under this heading remain as in previous years, and have again worked very satisfactorily during the period under review.

The incidence of Scarlet Fever amongst the children of school age has shown a slight increase during the year. There has been a reduction in the number of cases of Diphtheria, but it is to be noted that the type of this disease is still of the severe variety, and I would still strongly urge all parents to have their children between the ages of 1—12 immunised. It is pleasing to note that 1,518 children of school age were immunised during the year.

A summary of the incidence of notifiable disease is given below :—

	1938	1937
Scarlet Fever	83	56
Diphtheria	93	166
Pneumonia	30	27
	206	249

FOLLOWING UP.

Medical Inspection is obviously of little use unless an efficient scheme of "following up" is in operation, that is, satisfactory arrangements made for the school and subsequent home visiting of cases, found at either routine or special examinations in school, to be suffering from some disease or defect. Such arrangements which were made in the Borough in 1931 continue to prove very satisfactory and effective.

The work of the School Nurses during the year is shown in the following analysis :—

(1) Visits to Schools	1808
(a) For Infectious Disease	28
(b) Other Visits	1627
(c) For Verminous Surveys	153

(2) Visits to Homes of School Children	1451
Reason of Visit.	No. of Visits.
Verminous Children	86
Scabies	4
Ringworm	1
Eye Diseases and Eye Defects ..	209
Enlarged Tonsils and Adenoids	136
Other Medical Defects	683
Infectious Disease	183
Other Visits and Re-visits	149

MEDICAL TREATMENT.

That the Minor Ailments Clinics still continue their sphere of usefulness is evidenced by the fact that 2,196 children made 11,495 attendances at the clinics during the year.

The following table shows the complaints for which the children were treated, and contains the figures for both the Town Hall and Old Whittington Clinics :—

Skin Diseases :—	No. of Visits.
Scabies	57
Impetigo	221
Ringworm (Scalp)	7
Ringworm (Body)	11
Other Skin Diseases	150
Eye Diseases :—	
Blepharitis	54
Conjunctivitis	31
Corneal Ulcer	1
Other Eye Diseases	114
Ear Diseases :—	
Otorrhoea	83
Wax	32
Other Ear Diseases	42
Diseases of the Nose and Throat :—	
Enlarged Tonsils and Adenoids	65
Other Conditions	275
Verminous Heads and Bodies	63
Septic Sores and Abrasions	1170
General Examinations	166
Dental Diseases	31
All other Diseases	701

TONSILS AND ADENOIDS.

The scheme which came into force with the Royal Hospital towards the end of 1933 has worked smoothly and satisfactorily during the year under review.

Action taken during 1938 in dealing with cases of enlarged tonsils and adenoids will be found in Table IV. Group 3, at the end of this Report.

TUBERCULOSIS.

I wish to express my grateful thanks to Dr. Robertson for his continued and valuable help and co-operation during the year.

It is gratifying to again note the continued small incidence of Tuberculosis, and especially Pulmonary Tuberculosis, in the Borough school children, and this continued low incidence is undoubtedly due to a great extent to the improved hygienic conditions under which the children are working in the new and reconstructed schools.

No cases of Tuberculosis were discovered at routine medical inspection, but during the year 5 cases of Pulmonary, and 5 of Non-Pulmonary Tuberculosis in children of school age were notified in the Borough.

SKIN DISEASES.

The majority of the cases of Skin Diseases occurring amongst the school population are treated at the School Clinics and fuller particulars under this heading will be found in Table 4, Group I., at the end of the report.

VERMINOUS AND DIRTY CHILDREN.

No proceedings were taken during the year under either the Education Act, 1921, or under the School Attendance Byelaws.

EXTERNAL EYE DISEASES.

Under this heading 200 children were treated at the minor ailments Clinics, this number being mainly made up of children suffering from Blepharitis or Conjunctivitis.

VISION.

I am indebted to Dr. Muirhead, the School Oculist. for the following comments on his work at the Ophthalmic Clinic during the current year :—

Since writing my last report the School Eye Clinic has been transferred to the Town Hall. The working conditions are now admirable and have greatly increased the comfort of all concerned.

School children requiring an eye examination are referred to the School Eye Clinic, where they are examined. Urgent cases reporting to the School Clinic on a day on which the Eye Clinic is not sitting are referred to the Ophthalmic Department of the Chesterfield Royal Hospital. Therefore, a more or less continuous eye service is provided throughout the week, both during the School term and the holidays.

Glasses, or local treatment, or both are prescribed at the Eye Clinic when necessary, and children requiring special local treatment or operation are referred to the Hospital for Out-Patient or In-Patient treatment.

The number of inflammatory cases has recently been larger than normal. This is no doubt due to the severe weather conditions of the past few months, with their accompanying illnesses. Credit must be given to the vigilance of the Teaching Staff, who insist on children with inflamed eyes reporting at the Clinic without delay.

The attention given to the eyes appears to be appreciated by the majority of the parents, and they are willing to co-operate as far as possible.

In some cases the explaining of the eye defects in a simple way to the parents, and even to some of the children is very helpful.

It is gratifying that the Parents accompany the children as they do.

The School Teachers render considerable assistance, which is much appreciated, in helping to detect cases of defective vision, and also in the supervision of the children in the wearing of the spectacles.

All cases of squint, at whatever age, should be referred to an Ophthalmic Surgeon without delay. Parents are encouraged to bring their children when they suspect squint, even if they have not attained school age.

Other members of the family, accompanying a child with a squint to the Clinic, are examined at the same time, in order to see if they squint, or are likely to do so, or require glasses. So often it is too late to commence treatment of a squint after the child has commenced its school career.

The Child Welfare Clinic is very helpful in referring suspected cases. The earlier treatment is commenced, the better the progress. One hopes by such methods to reduce considerably the number of squint operations, and also to avoid the long drawn out conservative methods of the treatment of squint.

I have not set up a Squint Training Department in Chesterfield yet, as the subject is under discussion by Ophthalmic Surgeons generally.

Within the next two or three months it is hoped that the special Defective Vision Class will be working. Such a Class should prove of great value, though it is pleasing that comparatively few children require this special tuition.

The following is a summary of the year's work at the Ophthalmic Clinic :—

Number of attendances	2106
Number of new cases who attended and were tested under atropine	215
Number of new cases who attended and were tested without atropine	56
Number of prescriptions given for glasses	130
Number who obtained glasses	114
Number who required no glasses	118
Number found wearing correct glasses	1
Number of cases referred to Hospital	16
Number of cases in which treatment was not completed	24
Number of cases who have left town and school	2
Number of old cases who attended and were re-examined under atropine	205
Number of old cases who attended and were re-examined without atropine	431
Number of old cases in which new glasses were ordered after re-testing	182
Number of old cases who obtained glasses	160
Number of cases for whom glasses were prescribed in 1937 and did not obtain them until 1938	26
Number of cases in which prescriptions were repeated in respect of broken glasses	13
Number of necessitous cases for whom glasses were obtained by the Local Authority :—	
Free	—
Part Payment	75
Full Payment	236
Number of cases referred to Dr. Muirhead from the Minor Ailments Clinics during the year	35

The following gives an analysis of the cases treated :—

Hypermetropia	130
Hypermetropic Astigmatism	346
Myopia	75
High Myopia	8
Myopic Astigmatism	56
Mixed Astigmatism	23
Concomitant Strabismus	89
Divergent Strabismus	6
Nebulae	8
Nystagmus	1
Conjunctivitis	31
Phlyctenular Conjunctivitis	18
Blepharitis	16
Corneal Ulcer	1
Styes, Abscess, etc.	8
Emmetropia	18
Asthenopia	2
Anisometropia	47
Epicanthus	1
Epiphora	3
Paresis of Accommodation	2
Ptosis	3
Medical	5
Coloboma	3
Choroiditis	3
Keratitis	1
Cataract	2
Adherent Leucoma	1
Mirror Writing	1
Anophthalmous	1
Meibomean Cyst	2
Septici Folliculitis	1
Contused Eye-ball	1
	913

DENTAL DEFECTS.

5,226 children were examined by the School Dental Officer during the year ended December 31st, 1938, and of this number 2,889 were found to require treatment, and 2,733 were actually treated, making 2,963 attendances, an increase of 101 over last year.

Mr Littlar, the School Dental Officer, gives the following report on the School Dental Inspections and Treatment :—

The work undertaken has been of a similar nature to that of previous years, namely, fillings and extractions, no orthodontic work has been undertaken except in those cases in which treatment by extraction would remedy the irregularity. The percentage of children found at Routine inspections to be in need of treatment remains fairly constant, but the number of "Casuals" attending for emergency treatment is not so large as it used to be, chiefly, I think, due to the increasing number of consents for treatment. Conservative treatment is the chief means we have of combating dental disease, and to be a success children must be examined at such intervals that decay can be detected and checked in its earliest stages, this applies particularly with the Permanent Dentition so that the bulk of treatment of Permanent teeth will be by filling rather than extraction.

I wish to thank the teaching staff for the work they have done in teaching the children Dental Hygiene, also for urging the parents and children to take advantage of the treatment provided at the Clinic and for seeing that the children kept their appointments.

The number of children of pre-school age attending the Maternity and Child Welfare Clinic is increasing steadily each year.

CRIPPLING DEFECTS AND ORTHOPÆDICS.

A completely new orthopaedic scheme has been inaugurated during the year in conjunction with the Derbyshire County Council.

The new Orthopaedic Clinic was opened on October 4th, 1938 and by the end of the year there were 45 patients on the register. During this time 8 patients were admitted to Bretby Hall Orthopaedic Hospital, and at the end of the year 5 patients were still there undergoing treatment for their deformities. The Orthopaedic Clinic is open every Tuesday and the Orthopaedic Surgeon visits on the first Tuesday of each month to see new cases. Since its inception 152 attendances have been made at the clinic, and the classification of the patients on the register is as follows :—

Tuberculous Bones and Joints	3
Infantile Paralysis	12
Congenital Deformities	7
Rickets	2
Flat feet	3
Postural deformities	7
Miscellaneous	11
Total	45

The number of admissions to hospital is usually rather high when an orthopaedic clinic is first opened as there are a fair number of cripples to be dealt with straight away before the preventive work of the clinic has had time to make an impression.

OPEN-AIR EDUCATION.

The Chesterfield Branch of the Toc H again very kindly placed their camp at Clod Hall at our disposal, and again we have also had the services of the excellent Camp Commandant.

A party, consisting of 20 boys and one teacher, from each of the following schools—Derby Road Junior, Old Road Senior, Hasland Hall Senior, "Mary Swanwick" Senior, "Peter Webster" Boys'—spent a fortnight at the Camp during term time. In addition, a party of 20 children selected by Mr. R. Keane (Speech Therapist) spent a week at this Camp under his charge, assisted by Mr. N. E. Wihle. The arrangements made were very good, and the Committee record with gratitude their appreciation of the kindness of the Toc H authorities.

Other organised Camps and School Journeys, extending variously over periods of 3 to 14 days, were undertaken as follows :—

- (a) Central Boys' School to Lyme Regis during June.
- (b) Central Girls' School to London during May.
- (c) Hasland Junior School to Chester during June.
- (d) Derby Road Girls' School to Llanfairfechan during July.
- (e) New Whittington Senior School to Bristol during August, and to Darley Dale during July.
- (f) New Whittington Junior School to Llanfairfechan during July.
- (g) "Peter Webster" School to Llanfairfechan during July.
- (h) "Violet Markham" School to Edinburgh during June.
- (i) Highfield Hall to Abergele during July.
- (j) Tapton House School to Borrowdale during August, and to Wimereux during August.
- (k) The William Rhodes Boys' Modern School to Cloughton during June.

The following Schools also made use of Youth Hostel facilities : Newbold C. of E. and Hasland Junior Schools at Hartington Hall, Central Girls' and Derby Road Junior Schools at Overton Hall. In each case, a party stayed for one week.

The excursions enumerated are exclusive of many one-day excursions undertaken by several schools in the Borough, to London, Liverpool, The Dukeries, Whipsnade, Holymoorside, Wingerworth, Cordwell Valley, Fountain's Abbey, Nottingham, Sheffield.

SWIMMING AND SCHOOL BATHS.

The Central School Swimming Bath has been well used by the children attending the Borough Schools during the last year. In addition to its use by classes attending in School time for swimming instruction, it has also been used to the full for recreational purposes, and by voluntary classes during the evenings and on Saturdays.

PHYSICAL TRAINING.

Conditions under this heading remain as in previous years. I am indebted to the Secretary of the Schools Athletic Association who has kindly furnished the following report of its activities during the current year.

The year 1938 has been most successful, and its success is due in no small part to the wholehearted help and support of the majority of the teachers in Chesterfield.

ATHLETIC SPORTS.

The Eleventh Annual Inter-School Sports were held in the Queen's Park, on June 1st, but unfortunately heavy rain played havoc with the event, with the result that the last twenty-four events were completed the following day. The first four events—the four High Jumps—promised well as an opening of the Sports, records being set up in two of these events and equalled in a third, but then unfortunately came the rain in consequence of which no further record breaking was seen. The Trophies were once again won by previous holders with the exception of the Senior Boys' Trophy which was won by "William Rhodes."

COUNTY ATHLETIC CHAMPIONSHIPS.

The Association's teams competed in these Championships held at Hardwick, on June 18th. Although strong teams had been sent they were defeated by the narrowest of margins, the girls failing to regain the Trophy by $1\frac{1}{2}$ points, and the boys by a margin of 5 points. First places were gained in five events, four second, six third, and three fourth places were also gained.

NATIONAL CHAMPIONSHIPS.

On the results of the County Championships and further trials the strongest team which had ever represented the County was chosen, no less than 18 Chesterfield competitors being members of the team. No Chesterfield competitor was placed in any event at the National Championships held at Derby, on July 9th, although three Chesterfield competitors won their way into the second round.

SWIMMING CHAMPIONSHIPS.

The Annual Swimming Gala was held in the Central School Baths on September 30th. Records were set up in the Long Plunge

in which all three boys broke the previous record, in the Long Plunge for girls, and in the Boys' Team Race.

COUNTY SWIMMING CHAMPIONSHIPS.

An extremely strong team of boys was sent to these Championships at Derby, one boy winning the 50 yards free style in excellent time, while two others gained major places in the Neat High Dive.

JUNIOR FOOTBALL.

Two competitions were run this season, a League and also a knock-out competition. After some very keen and sporting displays Derby Road Junior Mixed School won both Trophies for the first time.

NETBALL.

The season's fixtures were completed successfully. New Whittington won the Trophy without losing a match and were chosen to represent the Association in the County Championships.

They were, however, defeated in the first round by the team which won the final.

CRICKET.

The entire programme which had been planned was completed in the space of eight weeks. Tapton House won both Trophies without losing a match in either League or Knock-out competition. A new competition for the "Clayton Urn" between teams representing the Southern Section and the Northern Section was played for, the North defeating the South in a most exciting match.

PROVISION OF MEALS.

During the year 80,917 milk meals were provided to School children. Of these 77,058 were provided free whilst 3,859 were provided at no cost to the Education Committee. In the cases for free milk the children are inspected by the School Medical Officer, or a member of his staff, and then the case is subjected to a scale, approved by the Board of Education, taking into consideration the size of the family, the family income, and various overhead expenses. The cost to the Committee during the past year was £160.

Apart from the Committee's scheme a voluntary scheme is conducted by the Head Teacher of each School for those children who are not under-nourished or necessitous, but who wish to have their third of a pint of milk daily. Under this scheme 3,272 children have their daily ration which they pay for at the rate of a halfpenny for a third of a pint.

CO-OPERATION OF PARENTS.

During the year a fair number of parents availed themselves of the opportunity of attending the routine medical examinations at the schools. The greater proportion of this number is comprised of the parents of children attending infant departments, the percentage of parents attending the examinations of children in the older age groups being small.

CO-OPERATION OF TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Reference has been made in previous reports to the whole-hearted assistance afforded by Teachers and Attendance Officers to the School Medical Staff of the Borough, without which the value of medical work in the schools would be seriously impaired.

CO-OPERATION OF VOLUNTARY BODIES.

The Borough Welfare Committee continued and extended its valuable assistance in dealing with crippled and ailing school children, and I would once again like to extend my grateful thanks to Miss Jones and her Staff for continued hearty co-operation.

Acknowledgment must also be made of the effective assistance rendered by the National Society for the Prevention of Cruelty to Children through its local Inspector, Mr. Wills, in procuring amelioration of conditions of ill-treatment or neglect which have adversely affected the health of the children.

SPEECH THERAPY.

Mr. Randal Keane, M.A., A.S.S.T., was appointed Speech Therapist on the 1st April, 1938, and I am indebted to him for the following report on his work.

Since April, treatment has been available for Speech Defectives and Stammerers in the Borough Schools, and, at the end of December, 1938, 81 children were being treated. Of these, 36 were Stammerers, 40 Speech Defectives, and 5 Cleft Palates. The term "Speech Defective," here includes indistinct speakers, baby talkers and the speechless child.

Centres for treatment have been established at one school in each area, and children from the neighbouring schools attend here weekly. The purpose of this arrangement is to obviate the necessity of the younger children travelling across the town. The older children and those from nearby schools, are treated in a properly equipped room in the Education Department. The value of the work done during the children's weekly attendance is greatly diminished unless a very full co-operation is obtained from the home. To this end a close contact is kept with the parents both by visits to the home, and by the parents themselves visiting the

treatment centres. The schools are also visited periodically and each case discussed not only with the Head Teacher, but with the class teacher who is very frequently able to give valuable information concerning the child's difficulties.

Stammering is in no sense a mental or physical defect, but is the outcome of an emotional condition brought about by a conflict in the child, which inevitably creates a state of tension. Treatment, therefore, must essentially consist in efforts to release this tension—hence the fundamentally important part played by Relaxation. Subsequently efforts are made to build up mental control, and, finally the child is helped to adjust himself to varying sets of circumstances. No stammer can be said to be permanently cured until the cause of the emotional upset has been exposed—the exploration of the child's background thus entailed, is often a lengthy task. Generally the tendency is for Stammering to be associated with a rather above-average intelligence, whereas in the case of the Speech Defective, intelligence tends to be sub-normal. In many cases of Speech Defect there is no desire for self-expression, hence no desire for speech. Here the preliminary treatment must consist in the creation of the urge to communicate with the outside world. Once the correct mental attitude has been established, and the desire for speech inculcated, the child is helped to discard his faulty speech habits and assisted in building up correct ones.

The fact that a personality change is essential cannot be overstressed. As a result of his disability the child tends to become "shut in," and to become, consequently, a problem child. Until the maladjustment to environment has been rectified, no amount of effort in correcting the child's speech substitutions will be successful. Eventually each defective sound has to be taught afresh and each combination of sounds built up. While the child is often successful in acquiring the correct speech sounds, there still remains the problem of transferring those sounds, which he has been taught during treatment, to his every day speech. Another difficulty also arises in reading, for here the child has not only to concentrate on his speech but also on the reading and comprehension of the words before him. All this goes to show that treatment must extend over a considerable period of time.

Although it is yet too soon to report any discharges from treatment, several stammerers are at present temporarily suspended for a period of observation. To date, no deterioration in their speech has occurred and there is no reason to doubt that their cure is permanent.

BLIND, DEAF AND DUMB, DEFECTIVE AND EPILEPTIC CHILDREN.

At the end of 1938 there were 8 children receiving care in special residential schools.

NURSERY SCHOOLS.

There are no Nursery Schools in the Borough, but Nursery Classes have been successfully carried on at the following schools:—Highfield Hall, Whittington Moor Infants', Brampton Infants', Hipper Street Infants', Edmund Street Infants', and Hasland Eyre Street Infants.

SECONDARY SCHOOLS.

The arrangements under this heading remain as before.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

107 employment cards were issued during the year, and one application was refused.

SCHOOL CLINICS.

The following is the programme of Clinics which has been in force during the period under review:—

	<i>Clinic at the Town Hall.</i>	<i>Clinic at "Mary Swanwick" School.</i>
(1) Minor Ailments Clinic	 Daily 9-30—12-0 (noon).	Daily 2-30—4-0 p.m.
(2) Dental Clinic	 Daily by appointment.	Was open during the periods of the year the children in the Whittington area were being inspected and treated.
(3) Ophthalmic Clinic.....	Tuesday & Saturday mornings by appointment.	
(4) Doctor's Consultation Clinic	 Wednesday and Friday mornings at 10 a.m.	Wednesday afternoons at 2-30 p.m.
(5) Orthopaedic Clinic	Doctor in attendance the 1st Tuesday afternoon in every month. Nurse in attendance every Tuesday, morning and afternoon.	

GENERAL INFORMATION.

The number of children on the books of the Borough Schools at the end of December, 1938, was 9,295, and the average attendance for the year ending December, 1938, was 8,627.

The following table shows the names of the Schools and the number of children on the register at the end of the year 1938.

<i>School.</i>	<i>No. on Register.</i>
Hipper Street Junior Mixed	240
Hipper Street Infants	117
St. Helen's Street Junior Mixed	219
St. Helen's Street Infants	123
Central Boys' Modern	210
Central Girls' Modern	280
Brampton Junior Mixed	401
Brampton Infants	212
Old Road Mixed Modern	340
Old Road Infant and Junior	475
Christ Church Infant and Junior	164
Hasland Eyre Street Infants	173
Hasland Junior Mixed	293
St. Mary's Catholic Mixed Modern	145
St. Mary's Catholic Infant and Junior	250
Derby Road Girls' Modern	245
Derby Road Infants	290
Derby Road Junior Mixed	525
" Cavendish " Junior Girls	225
" Cavendish " Infants	134
Newbold C. of E. Infant and Junior	105
" Gilbert Heathcote " Junior Boys	250
New Whittington Mixed Modern	205
New Whittington Infant and Junior	325
" Mary Swanwick " Mixed Modern	208
" Mary Swanwick " Primary	284
Brushes Infant and Junior	213
" Peter Webster " Boys' Modern	278
Whittington Moor Infants	185
" Violet Markham " Girls' Modern	278
Highfield Hall Infant and Junior	465
The William Rhodes Boys' Modern	382
The William Rhodes Junior Mixed	284
The William Rhodes Infants	145
Tapton House Selective	414
Hasland Hall Mixed Modern	213

TABLE 1.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups.

Entrants	823
Second Age Group	845
Third Age Group	925

Total	2593
-------	------

Number of other Routine Inspections	—
-------------------------------------	---

Grand Total	2593
-------------	------

B.—OTHER INSPECTIONS.

Number of Special Inspections	1239
Number of Re-Inspections	4713

Total	5952
-------	------

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective Vision (excluding Squint).	For all other conditions recorded in Table 2a.	Total
(1)	(2)	(3)	(4)
Entrants	—	109	109
Second Age Group	83	96	168
Third Age Group	83	70	142
Total (Prescribed Groups)	166	275	419
Other Routine Inspections	—	—	—
Grand Total	166	275	419

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

Disease or Defect.		Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects.	
		Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm—Scalp	—	—	3	—
	Ringworm—Body	—	—	1	—
	Scabies	12	—	40	—
	Impetigo	2	—	30	—
	Other Diseases (Non-Tuberculous)	27	3	70	—
	Total	41	3	144	—
Eye	Blepharitis	12	1	10	—
	Conjunctivitis	4	—	6	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	2	—	—
	Other Conditions (excluding Defective Vision & Squint)	8	3	28	1
	Total	24	6	44	1
	Defective Vision (excluding Squint)	166	277	8	7
	Squint	8	18	3	—
Ear	Defective Hearing	17	12	25	3
	Otitis Media	7	7	43	1
	Other Ear Diseases	8	—	33	1

TABLE II.—continued.

		(1)	(2)	(3)	(4)	(5)
Nose & Throat	Chronic Tonsilitis only	30	64	11	6	
	Adenoids only	2	2	13	1	
	Chronic Tonsilitis and Adenoids	10	7	37	5	
	Other Conditions	8	6	173	7	
Enlarged Cervical Glands (Non-Tuberculous)		13	22	26	1	
Defective Speech		7	6	53	6	
Heart and Circulation.	Heart Disease :—					
	Organic	6	5	4	5	
	Functional	2	41	8	3	
	Anaemia	15	3	25	—	
Lungs	Bronchitis	10	—	35	2	
	Other Non-Tuberculous Diseases	43	20	21	1	
Tuberculosis	Pulmonary :—					
	Definite	1	—	2	—	
	Suspected	—	—	—	—	
	Non-Pulmonary :—					
	Glands	2	—	1	—	
	Bones and Joints	—	—	—	—	
	Skin	—	—	2	—	
	Other Forms	2	—	1	—	
Total		4	—	4	—	
Nervous System	Epilepsy	2	1	2	1	
	Chorea.....	—	—	14	1	
	Other Conditions	3	7	8	2	
Deformities	Rickets	—	—	—	—	
	Spinal Curvature	2	—	1	—	
	Other Forms	8	7	18	4	
Other Defects and Diseases excluding Defects of Nutrition, Uncleanliness and Dental Diseases		40	15	415	11	
Total No. of Defects		477	529	1170	69	

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly Sub-normal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	823	34	4.1	747	90.7	42	5.1	—	—
Second Age-Group ..	845	47	5.5	747	88.4	51	6.0	—	—
Third Age-Group ..	925	95	10.2	765	82.5	65	7.1	—	—
TOTAL ..	2593	176	6.7	2259	87.1	158	6.0	—	—

TABLE III.
Return of all Exceptional Children in the Area.
BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	1	—	1	2

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	—	—	—	6

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf and Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	2	—	—	2

MENTALLY DEFECTIVE CHILDREN.
FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
—	—	—	—	—

EPILEPTIC CHILDREN.
CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	2	2

TABLE III.—continued.
PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

1. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.
(including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	5	—	1	6

2. CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	12	1	2	17

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	121	—	—	121

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	28	—	5	40

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	4	—	—	4

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Crippled and Mentally Defective	—	—	—	2	2
Crippled & Heart	—	1	—	—	1

TABLE IV.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI).

Disease or Defect (1)	Number of defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm—Scalp	7	—	7
Ringworm—Body	11	—	11
Scabies	57	—	57
Impetigo	221	—	221
Other Skin Diseases	150	—	150
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group 2)	200	—	200
<i>Minor Ear Defects</i>	157	—	157
<i>Miscellaneous</i> (e.g minor injuries, bruises, sores, chilblains, etc.) ..	2408	—	2408
TOTAL	3211	—	3211

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments, Group 1).

	No. of Defects Dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint)	822	17	839
Other Defect or disease of the eyes (excluding those recorded in Group I.)	81	7	88
Total	903	24	927

	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were :—			
(a) Prescribed	292	25	317
(b) Obtained	252	26	278

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme. (2)				Total. (3)					
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)		
—	2	14	1	6	5	22	—	6	7	36	1	3	53

(1) Tonsils only. (2) Adenoids only. (3) Tonsils and Adenoids. (4) Other Defects of the Nose and Throat.

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)		Total number treated
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education. Non-residential treatment at an orthopaedic clinic.	
Number of Children treated	6	—	38	2	—	46

TABLE 5.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist.

(a) Routine age-groups—

	Number
Age 5	417
6	574
7	551
8	605
9	586
10	597
11	505
12	541
13	562
14	288
Total	5226

(b) Specials 218

(c) TOTAL (Routines and Specials) 5444

(2) Number found to require treatment 2889

(3) Number actually treated 2733

(4) Attendances made by children for treatment 2963

(5) Half-days devoted to :—

Inspection 27

Treatment 358

Total 385

(6) Fillings :—

Permanent Teeth 1552

Temporary Teeth 22

Total 1574

(7) Extractions :—

Permanent Teeth 888

Temporary Teeth 3410

Total 4298

(8) Administrations of general anaesthetics for extractions —

(9) Other Operations :—

Permanent Teeth 334

Temporary Teeth 246

Total 580

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses	4
(2) Total number of examinations of children in the Schools by School Nurses	33631
(3) Number of Individual Children found unclean	575
(4) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	—
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws	—